Utah Department of Health



Community and Family Health Services Immunization / USIIS Program P O Box 142012, Salt Lake City, UT 84114-2012

Phone: (801) 538-9450 Fax: (801) 538-9440

Request to Withdraw from the Utah Statewide Immunization Information System (USIIS)

I,, wish Parent or Guardian First and Last Name (please print)				h to withdraw my child(ren)	
	Parent or Guard	ian First and Last Name (please print)	, , ,	
fro	om the Utah Sta	tewide Immunization I	nformation System	(USIIS). I understand that my child's/children's	
im	munization reco	ords will not be include	ed in USIIS and will	not be shared through USIIS with <u>authorized</u>	
he	alth care provid	ers, health insurers, sch	ools, day care cente	rs, and publicly funded programs. I understand	
tha	at it is my respo	nsibility to notify my h	ealth care providers	and health plan that I have elected to withdraw	
my	child(ren) fron	n USIIS. I understand 1	that if I choose to ha	we my child(ren) re-entered in USIIS, I can do so at	
an	y time.				
1.				//	
	First	Middle	Last	Birth Date (mm/dd/yyyy)	
	Mother's Maiden Name				
2.		Middle		///	
	First	Middle	Last	//	
	Mother's Maiden Name				
3.				//	
	First	Middle	Last	/ / / Birth Date (mm/dd/yyyy)	
	Mother's Maiden Name				
4.				/ /	
	First	Middle	Last	Birth Date (mm/dd/yyyy)	
	Mother's Maio	den Name			
٨٥	ldross to sond	confirmation to:			
At	iaress to sena (commination to.			
	Street		City	State Zip Code	
Parent or Guardian Signature				 Date (mm/dd/yyyy)	

Please fax or mail this completed form to Utah Department of Health, Immunization/USIIS Program at the address or number listed above.